

12/14/01
JC860 U.S. PTO

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12-18-01
A/REISSUE
PTO/SB/50 (02-01)
Approved for use through 01/31/2004. OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No. 46739/268134 First Named Inventor Bryan Original Patent Number 6,001,130 Original Patent Issue Date (Month/Day/Year) December 14, 1999 Express Mail Label No. EL513159465US
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APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i>	10. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. <i>See 37 CFR 1.173(c).</i>
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i>
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i>	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i>
6. <input type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment
7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If Yes, check applicable box(es))</i>	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	17. <input type="checkbox"/> Other: _____
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	
9. Nucleotide and/or Amino Sequence Submission <i>(if applicable, all of the following are necessary)</i>	
a. <input type="checkbox"/> Computer Readable Form (CFR)	
b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

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NAME (Print/Type)	Bruce D. Gray	Registration No. (Attorney/Agent)	35,799
Signature		Date	12/14/01

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REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
46739/268134

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 22	**** 2	X\$9=	18	or	X\$ _____ =	
(C) 5	Independent Claims (37 CFR 1.16(i))		* 0	= X\$ _____ =			X\$ _____ =	
							\$ _____	
Basic Fee (37 CFR 1.16(h))					370			
Total Filing Fee					388	OR	\$	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	X\$ _____ =		or	X\$ _____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	X\$ _____ =			X\$ _____ =
Total Additional Fee					\$			OR \$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 27 CFR 1.27.

Please charge Deposit Account No. _____ in the amount of _____.
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The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 11-0855.
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A check in the amount of \$ 388 to cover the filing / additional fee is enclosed.

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December 14, 2001

Date

Signature of Applicant, Attorney or Agent of Record

Bruce D. Gray

Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Bryan, et al. Patent No. 6,001,130

Serial No.: Examiner:

Filed: December 14, 2001 Group Art Unit:

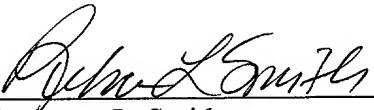
For: **HUMAN SPINAL DISC PROSTHESIS WITH HINGES**

Box Patent Application
U.S. Patent and Trademark Office
P.O. Box 2327
Arlington, VA 22202

CERTIFICATE OF MAILING (37 C.F.R. 1.10)

Sir:

I hereby certify that this Reissue Patent Application Transmittal, along with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Service on the date shown below in an envelope as "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10, Mailing Label No. EL513159465US addressed to Box Patent Application, U.S. Patent and Trademark Office, P.O. Box 2327, Arlington, VA 22202.


Rebecca L. Smith
Rebecca L. Smith

Date: December 14, 2001

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